

SERIAL NUMBER 09/451,256	FILING DATE 11/29/99	CLASS 345	GROUP ART UNIT 2773 2229	ATTORNEY DOCKET NO. MSI-448US					
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>STEVEN R. HOLLASCH, REDMOND, WA.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED</p> <p>_____</p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED</p> <p>_____</p> <p>**FOREIGN APPLICATIONS***** VERIFIED</p> <p>_____</p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/04/00</p> </div> </div>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"> Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/>yes <input type="checkbox"/>no Verified and Acknowledged <u>Examiner's Initials</u> _____ <u>Initials</u> _____ </td> <td style="width:10%;"> STATE OR COUNTRY WA </td> <td style="width:10%;"> SHEETS DRAWING 7 </td> <td style="width:10%;"> TOTAL CLAIMS 56 </td> <td style="width:15%;"> INDEPENDENT CLAIMS 7 </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <u>Examiner's Initials</u> _____ <u>Initials</u> _____	STATE OR COUNTRY WA	SHEETS DRAWING 7	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 7
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> <p>LEE & HAYES PLLC 421 W RIVERSIDE AVENUE SUITE 500 SPOKANE WA 99201</p> </div> </div>									
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p>COMPUTER GRAPHICS METHODS AND APPARATUS FOR RAY INTERSECTION</p> </div> </div>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"> FILING FEE RECEIVED \$1,720 </td> <td style="width:45%;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: </td> <td style="width:40%;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table>					FILING FEE RECEIVED \$1,720	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		
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